APPLICATION FOR DAILY LICENSE

State of California GRAY DAVIS, Governor Business, Transportation and Housing Agency MARIA CONTRERAS-SWEET, Secretary

LICENSE NUMBER

Instructions: Complete all items. Submit with required fee Check or Money Order) payable to ABC. Once license is is be refunded.		RECEIPT NUMBER FEE \$
1. ORGANIZATION'S NAME		\$
2. LICENSE TYPE (Check appropriate license type AND organization type	2)	
a. Daily General (\$25.00) (Includes beer, wine and distilled spirit	•	
Political Party/Affiliate Supporting Candidate for Fraternal Organization in Public Office or Ballot Measure with Regular Membershi		in Existence Over Five Years nip
Organization Formed for Specific Charitable or Civic Purpose Religious Organization		
Other:	Vessel per Section 240	45.10 B&P
b. Special Daily Beer (\$15.00) Special Daily Beer of Charitable Fraternal Social Political	& Wine (\$30.00) Other:	Special Daily Wine (\$15.00)
Civic Religious Cultural Amateur Sports O		NUMBER OF LICENSES NEEDED
c. Special Temporary License (\$100.00) (Different privilege	s depending on statute)	
Television Station per Section 24045.2 or 24045.9 B&P Nonprofit Corporation per Sections 24045.4 and 24045.6 B&P	=	ate Wine Sale per Section 24045.8 B&P and Charitable Organization per
Other Special Temporary Licenses, per Section		
License number Amount \$		
3. EVENT TYPE Dinner Dance Wedding Lunch Picnic Sports Event Concert Birthday Mixer Carnival	Barbeque Soci	ial Gathering Festival er:
4. TOTAL # OF DAYS 5. ESTIMATED ATTENDANCE 6. HOURS OF ALCOHOLIC BEVER FROM	AGE SALES, SERVICE AND/OR CONSUI	MPTION
7. EVENT DATE(S)	8. EVENT IS OPEN TO THE PUBLIC Yes No	
9. EVENT LOCATION (Give facility name, if any, street number and name, and city)		
10. LOCATION IS WITHIN THE CITY LIMITS Yes No	12. SECURITY GUARDS Yes No	If yes, how many?
13. AUTHORIZED REPRESENTATIVE'S NAME		14. REPRESENTATIVE'S TELEPHONE NUMBER
15. REPRESENTATIVE'S ADDRESS		
16. ORGANIZATION'S MAILING ADDRESS (If different from #15 above)		
17. AUTHORIZED REPRESENTATIVE'S SIGNATURE		18. DATE SIGNED
LAW ENFORCEMENT APPROVAL BY (Name), IF APPLICABLE LAW ENFORCEMENT SIG	NATURE	DATE SIGNED
FOR DEPARTMENT USE ONLY		
PROPERTY OWNER APPROVAL REQUIRED Yes, attached No CONDITIONS/ACKNOWLEDGMENTS REQUIRED Yes, attached No	DIAGRAM REQUIRED Yes, attached No	LAW ENFORCEMENT APPROVAL REQUIRED Yes, attached No
DISTRICT APPROVAL BY (Name) ABC EMPLOYEE SIGNATURE	RE	ISSUANCE DATE